EXHIBIT A

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IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION

THIS DOCUMENT RELATES TO:

FRANK LEMASTER, MICHAEL EVANS and REGINALD WILKES, on behalf of themselves and all others similarly situated,

Plaintiffs,

V.

NATIONAL FOOTBALL LEAGUE and NFL PROPERTIES LLC,

Defendants.

MDL No. 2323 No. 12-md-2323-AB

CIVIL ACTION No.

DECLARATION OF OSCAR L. LOPEZ, M.D. IN SUPPORT OF THE NOTICE OF REMOVAL

I, OSCAR L. LOPEZ, M.D., hereby declare as follows:

- I am a Professor of Neurology at the University of Pittsburgh Medical Center and the Director of the University of Pittsburgh Alzheimer's Disease Research Center (the "ADRC"). The facts stated herein are within my personal knowledge and, if called as a witness, I could and would testify competently thereto.
- 2. The ADRC was established in 1985 by a grant from the National Institute on Aging, as a mechanism for integrating, coordinating and supporting research in Alzheimer's disease and aging. The ADRC performs and coordinates Alzheimer's

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disease-related clinical and research activities and is a core source of support (e.g., resources, patients, tissue, expert consultation for research, clinical and training activities) regionally and nationally. Although the ADRC is called an Alzheimer's Disease center, we treat patients at risk for or with symptoms of all types of cognitive impairment and other neurodegenerative disorders.

- 3. I obtained a degree in Medicine at the National University of La Plata in La Plata, Argentina in 1980. I completed my residency training in Neurology at the National Hospital "B. Rivadavia" in Buenos Aires, Argentina in 1987. I completed a fellowship in Behavioral Neurology of Aging at the ADRC in 1990.
- 4. I have been on the faculty at the University of Pittsburgh since 1990 and the ADRC since 1995. In addition to my responsibilities as a Professor, I regularly treat patients with Alzheimer's Disease, mild cognitive impairment, and other neurodegenerative disorders. As part of my research and care of patients, I am familiar with and regularly perform baseline diagnostic examinations and follow-up examinations of individuals suffering from symptoms of or at risk for cognitive impairment.
- 5. I understand that plaintiffs in this case request medical monitoring that includes baseline examinations, diagnostic examinations, and behavioral pharmaceutical interventions. I have been asked to provide information regarding the procedures that take place during such examinations and the costs of those procedures.
- 6. While every individual is evaluated differently depending on his or her medical history, symptoms, and other factors, the standard, baseline diagnostic examination for a typical individual at risk for or who has symptoms of cognitive impairment typically includes: (i) a complete health history (inclusive of history of

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present illness and past medical history), (ii) a general medical and detailed neurological examination, (iii) detailed neuropsychological testing, (iv) behavioral assessments, (v) analysis of blood and, possibly, a cerebrospinal fluid examination; and (vi) a magnetic resonance imaging ("MRI") scan, and possibly a positron emission tomography ("PET") scan. The general costs for each component of that exam at the ADRC are as follows: (i) complete health history, physical examination, and neurological examination—\$400.00; (ii) neuropsychological and behavioral testing—\$1,200.00 to \$3,000.00; (iii) blood and lab analysis—\$200.00; (iv) cerebrospinal fluid examination—\$1,000.00 to \$1,300.00; (v) MRI and related radiology report—\$1,200.00; and (vi) PET scan and related radiology report—\$2,000.00. Moreover, after all of the tests are performed, each patient must return to the facility for a follow-up examination at which he or she receives his or her diagnosis. This examination costs \$200.00 to \$500.00. Therefore, the total cost of the standard, baseline diagnostic examination can range from \$6,200.00 to \$8,400.00, depending on the complexities of the individual's medical history and related testing.

7. In addition, individuals who have symptoms of mild cognitive impairment typically return to our facility for additional follow-up examinations.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 4¹⁴ 2512 at Pittsburgh, PA.

Oscar L. Lopez, M.D.